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|  | **PERFORMANCE SELF-EVALUATION** | |
| **NAME: \_\_\_\_\_\_\_\_\_\_\_** |  | **REVIEW DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **DEPARTMENT: \_\_\_\_\_\_** |  | **REVIEW PERIOD: \_\_\_\_\_\_\_\_\_\_\_\_** |
| **TITLE: \_\_\_\_\_\_\_\_\_\_\_\_** |  | **DATE OF HIRE: \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 90 Day \_\_\_ | 6 Months \_\_\_\_ | 1 Year \_\_\_\_ Other\_\_\_\_\_\_\_\_ |



Please answer the following questions as completely and honestly as possible. Attach additional sheets if necessary.

1. What aspect(s) of your job do you
   1. Enjoy the most?
   2. Enjoy the least?
2. What changes would you suggest which might make your job or work environment more pleasant or interesting?
3. Evaluate your performance since your last review (or date of hire, if this is your first review). Include both strong and weak areas.
4. What could management do to help you improve in the performance of your duties?
5. What goal(s) have you set for yourself for the next year?
6. What job(s) would you like to be doing with the company in the future?

7. Additional comments:

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| Employee Signature | Date |

Discussed with Manager/Supervisor on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Manager Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_